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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Commissioner of Patents MAIL STOP RCE P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/602,212
	Filing Date	JUNE 24, 2003
	First Named Inventor	Kazuo OKADA
	Art Unit	3712
	Examiner Name	
	Attorney Docket Number	OKADA - 1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. [Submission required under 37 CFR 1.114]

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
 (Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☒ Enclosed

i. ☐ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☒ Information Disclosure Statement (IDS)

iv. ☐ Other _____

2. [Miscellaneous]

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. [Fees] The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2468

i. ☒ RCE fee required under 37 CFR 1.17(e) - (large entity - \$795.00)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	William C. Collard	Registration No. (Attorney/Agent)	38,411 (Customer No. 25889)
Signature	<i>William C. Collard</i>	Date	November 14, 2006

CERTIFICATE OF FACSIMILE

Fax No. 571-273-0025

I hereby certify that this correspondence is being sent by facsimile transmission to the U.S.P.T.O. to _____, Group No. 3712, to 1-571-273-8300 on November 14, 2006.